

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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The following ambulatory services are provided.

Physicians Services  
Outpatient Hospital Services  
Clinic Services  
Laboratory and X-Ray Services  
EPSDT Services  
Family Planning Services  
Optometrist Services  
Home Health Services  
Dental Services for those under age 21  
Physical Therapy and Related Services  
Prescribed Drugs  
Eyeglass Services  
Nurse Midwives  
Outpatient Rehabilitation  
Extended Services to Pregnant Women

\* Description provided on attached sheet.

TN No. <u>87-01</u>	Approval Date <u>03/31/87</u>	Effective Date <u>01/01/87</u>
Supersedes TN No. <u>          </u>		HCFA ID: 0140P/0102A

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

**1. Inpatient hospital services other than those provided in an institution for mental diseases.**

☒ Provided: ☐ No limitations ☒ With limitations\*

**2. a. Outpatient hospital services.**

☒ Provided: ☐ No limitations ☒ With limitations\*

**b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.**

☒ Provided: ☐ No limitations ☒ With limitations\*

**c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with §4231 of the State Medicaid Manual (HCFA Pub.45-4).**

☒ Provided: ☐ No limitations ☒ With limitations\*

**3. Other laboratory and x-ray services.**

☒ Provided: ☒ No limitations ☐ With limitations\*

**4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older).**

☒ Provided: ☒ No limitations ☐ With limitations\*

**b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.**

☒ Provided: ☒ No limitations ☐ With limitations\*

**c. Family planning services and supplies for individuals of childbearing age.**

☒ Provided: ☒ No limitations ☒ With limitations\*

\* Description provided on attached sheet.

TN No. <u>93-04</u>	Approval Date <u>01/03/94</u>	Effective Date <u>06/16/93</u>
Supersedes		
TN No. <u>93-14</u>		HCFA ID: 7986E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(s): ALL

5. a. **Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.**

☒ Provided: ☐ No limitations ☒ With limitations\*

- b. **Medical and surgical services furnished by a dentist (in accordance with §1905(a)(5)(B) of the Act).**

☒ Provided: ☐ No limitations ☒ With limitations\*

\* Description provided on attached sheet.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

☒ Provided: ☐ No Limitations ☒ With Limitations\*

b. Optometrists' Services

☒ Provided: ☐ No Limitations ☒ With Limitations\*

c. Chiropractors' Services

☐ Provided: ☐ No Limitations ☐ With Limitations\*

d. Other Practitioners' Services

☒ Provided: ☐ No Limitations ☒ With Limitations\*

7. Home Health Services

a. Intermittent or part-time nursing service provided by home health agency or by a registered nurse when no home health agency exists in the area.

☒ Provided: ☐ No Limitations ☒ With Limitations\*

b. Home health aide services provided by a home health agency.

☒ Provided: ☐ No Limitations ☒ With Limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the home.

☒ Provided: ☐ No Limitations ☒ With Limitations\*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No Limitations ☒ With Limitations\*

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State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

**8. Private duty nursing services.**

☐ Provided: ☐ No Limitations ☐ With Limitations\*

**9. Clinic services.**

☒ Provided: ☐ No Limitations ☒ With Limitations\*

**10. Dental services.**

☒ Provided: ☐ No Limitations ☒ With Limitations\*

**11. Physical therapy and related services.**

**a. Physical therapy.**

☒ Provided: ☐ No Limitations ☒ With Limitations\*

**b. Occupational therapy.**

☒ Provided: ☐ No Limitations ☒ With Limitations\*

**c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.**

☒ Provided: ☐ No Limitations ☒ With Limitations\*

**12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

**a. Prescribed drugs.**

☒ Provided: ☐ No Limitations ☒ With Limitations\*

**b. Dentures.**

☐ Provided: ☐ No Limitations ☐ With Limitations\*

\* Description provided on attachment.

TN No. 87-01

Approval Date 03/31/87

Effective Date 01/01/87

Supersedes

TN No. \_\_\_\_\_

HCFA ID: 0140P/0102A

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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- c. **Prosthetic devices.**
- ☒ Provided: ☐ No Limitations ☒ With Limitations\*
- d. **Eyeglasses.**
- ☒ Provided: ☐ No Limitations ☒ With Limitations\*
13. **Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.**
- a. **Diagnostic services.**
- ☒ Provided: ☐ No Limitations ☒ With Limitations\*
- b. **Screening services.**
- ☒ Provided: ☐ No Limitations ☒ With Limitations\*
- c. **Preventive services.**
- ☐ Provided: ☐ No Limitations ☐ With Limitations\*
- d. **Rehabilitative services.**
- ☒ Provided: ☐ No Limitations ☒ With Limitations\*
14. **Services for individuals age 65 or older in institutions for mental diseases.**
- a. **Inpatient hospital services.**
- ☐ Provided: ☐ No Limitations ☐ With Limitations\*
- b. **Skilled nursing facility services.**
- ☐ Provided: ☐ No Limitations ☐ With Limitations\*

\* Description provided on attached sheet.

TN No. 98-05  
Supersedes  
TN No. 89-08

Approval Date DEC 14 1998

Effective Date 07/01/98

HCFA ID: 0140P/0102A

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

- c. **Intermediate care facility services.**
- ☐ Provided: ☐ No Limitations ☐ With Limitations\*
15. a. **Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with §§1905(a)(4)(A) of the Act, to be in need of such care.**
- ☒ Provided: ☒ No Limitations ☐ With Limitations\*
- b. **Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.**
- ☐ Provided: ☐ No Limitations ☐ With Limitations\*
16. **Inpatient psychiatric facility services for individuals under 22 years or age.**
- ☐ Provided: ☐ No Limitations ☐ With Limitations\*
17. **Nurse-midwife services.**
- ☒ Provided: ☐ No Limitations ☒ With Limitations\*
18. **Hospice care (in accordance with §1905(o) of the Act).**
- ☒ Provided: ☒ No Limitations ☐ With Limitations\*

\* Description provided on attachment.

TN No. <u>91-32</u>	Approval Date <u>01/30/92</u>	Effective Date <u>12/18/91</u>
Supersedes		
TN No. <u>90-15</u>		HCFA ID: 0140P/0102A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

19. Case management and Tuberculosis related services.

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with §1905(a)(19) or §1915(g) of the Act).

☒ Provided: ☒ With limitations

☐ Not provided

- b. Special tuberculosis (TB) related services under §1902(z)(2)(F) of the Act.

☐ Provided: ☐ With limitations

☒ Not provided

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

☒ Provided<sup>+</sup>: ☒ Additional coverage<sup>++</sup> See Supplement 3.

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided<sup>+</sup>: ☐ Additional coverage<sup>++</sup> ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services.

☒ Provided: ☒ With limitations

☐ Not provided

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\* Description provided on attached sheet.

TN No.	95-15	Approval Date	12/95	Effective Date	11-16-95
Supersedes					
TN No.	93-04			HCFA ID:	7986E



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State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

22. Respiratory care services (in accordance with §1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ With Limitations  
☒ Not provided ☐ No Limitations

23. Ambulatory prenatal care for pregnant women furnished during apresumptive eligibility period by a qualified provider (in accordance with §1920 of the Act).

☐ Provided: ☐ With Limitations  
☒ Not provided ☐ No Limitations

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

☒ Provided: ☐ No Limitations ☒ With Limitations

b. Services of Christian Science nurses.

☐ Provided: ☐ No Limitations ☐ With Limitations

c. Care and services provided in Christian Science sanatoria.

☒ Provided: ☒ No Limitations ☐ With Limitations

d. Skilled nursing facility services for patient under 21 years of age.

☒ Provided: ☒ No Limitations ☐ With Limitations

e. Emergency hospital services.

☒ Provided: ☒ No Limitations ☐ With Limitations

f. Personal care services in a recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No Limitations ☐ With Limitations

TN No. 97-17  
Supersedes  
TN No. 95-16

Approval Date MAR. 12, 1998

Effective Date 12/15/97

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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25. **Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.**

☐ Provided: ☒ Not provided

26. **Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.**

☐ Provided: ☐ State approved (not physician) service plan allowed  
☐ Services outside the home also allowed  
☐ Limitations described on Attachment

☒ Not Provided

27. **Private health insurance premiums, coinsurance and deductibles when cost-effective (pursuant to P.L. 101-508 §4402).**

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TN No. 95-16  
Supersedes  
TN No. 90-28

Approval Date JAN 31 1996

Effective Date 11-1-95  
HCFA ID: 7986E

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE SERVICES PROVIDED TO THE MEDICALLY NEEDY GROUPS: ALL

28. Program of All-inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

           providedXX not providedTN No.                     

Supersedes

TN No. N/AApproval Date JUN 3 1999Effective Date 07/1/99

HCFA ID: